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| <p><b>FAUQUIER COUNTY<br/>GOVERNMENT HUMAN<br/>RESOURCES PROCEDURES<br/>MANUAL</b></p> | <p><b>SECTION 3: BLOODBORNE<br/>PATHOGENS</b></p> |
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I. **PURPOSE**

It is the objective of the Department of Human Resources to establish guidelines for minimizing and preventing the exposure of employees to disease causing microorganisms transmitted through human blood and for complying with federal and state occupational safety and health standards.

II. **SCOPE**

This procedure applies to all employees in positions where it is reasonably anticipated that skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials covered under this procedure may occur.

III. **DEFINITIONS**

- A. Blood - Human blood, human blood components and products made from human blood.
- B. Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- C. Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. Contaminated Sharps - Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- E. Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

- F. Engineering Controls - Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- G. Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- H. Handwashing Facilities - A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- I. Occupational Exposure - Reasonably anticipated skin, eye mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- J. Parenteral - Piercing mucous membranes of the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- K. Personal Protective Equipment - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended as protection against a hazard are not considered to be personal protective equipment.

#### **IV. PROCEDURES**

- A. Responsibility and Authority
  - 1. The County Administrator, or designee, has oversight responsibility for monitoring department compliance with the provisions of the Bloodborne Pathogens procedure.
  - 2. This procedure shall be reviewed at least annually and updated as necessary by the Human Resources Department and the Risk Manager.
  - 3. Department Heads/Constitutional Officers, or designees, have the responsibility of determining if employees in their department have a risk of exposure to bloodborne pathogens and to ensure development of and compliance with a specific plan consistent with elements of the OSHA/VOSH standard outlined in this procedure. It is the responsibility of each Department Head/Constitutional Officer to implement all aspects of this plan (i.e., written exposure control plan, employee training, vaccination, etc.).

B. Maintenance of Records

1. The Human Resources Department shall maintain all employee medical records pertaining to this procedure. Affected departments shall be responsible for forwarding employee medical records to the Human Resources Department, and may retain a copy for internal records.
2. Confidentiality of these records shall be ensured consistent with record keeping procedures of the OSHA/VOSH Standard as outlined in this procedure.

C. Potentially Infectious Materials

Potentially infectious materials include:

1. blood;
2. human body fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids);
3. any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
4. human immunodeficiency virus (HIV) - containing cell tissue, or organ cultures, and HIV or Hepatitis B virus (HBV) - containing culture medium or other solutions, and blood, organs or other tissues from experimental animals infected with HIV or HBV.

D. Departments with Exposure

The following departments, to date, have been identified as having job categories with exposure potential:

1. Sheriff's Office;
2. Parks and Recreation Department;
3. Office of Emergency Services; and

4. Department of Social Services.

E. Declination Statement

Any exposed employee who declines medical diagnostic testing or medical treatment offered by the County related to exposures governed by this procedure, including the hepatitis B vaccination, shall be required to sign a Declination Statement (sample attached).

F. Federal and State Guidelines

1. The following is a summary of the Bloodborne Pathogens standards and guidelines to be used as a minimum by departments when developing a more specific exposure control plan.
2. The basic components of the Bloodborne Pathogens Procedure include:
  - a. exposure determination;
  - b. methods of compliance;
  - c. Hepatitis B Vaccination Policy;
  - d. procedures for evaluation and follow-up of exposure incidents;
  - e. employee training; and
  - f. record keeping procedures.
3. Exposure Determination
  - a. All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials will be included in this exposure control plan. Specific positions must be identified in the plan.
  - b. In addition, job classifications in which some employees may have occupational exposure are also to be identified. Since not all the employees in these categories are expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that would cause these

employees to have occupational exposure must also be listed.

4. Methods of Compliance

a. Universal Precautions

All blood and other potentially infectious materials shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

b. Engineering and Work Practice Controls

Controls shall be used and specifically identified to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used. Controls shall be maintained and reviewed annually.

c. Hand Washing and Other General Hygiene Measures

1. Hand washing is a primary infection control measure. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment.
2. Whenever other skin or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and mucous membranes shall be flushed with water, as soon as possible. If soap and water are not readily available, antiseptic hand cleanser used in conjunction with clean cloth/paper towels or antiseptic towelettes shall be used. When these alternatives are used, hands shall be washed with soap and water as soon as feasible. Disposal of paper towels and towelettes will be incorporated into each department plan.

3. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
4. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
5. Use of the mouth for pipetting or suctioning of blood or other potentially infectious materials is prohibited.
6. Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials. The prescribed practices must be listed and discussed in the plan.

d. Sharps Management

1. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited.
2. Sharps containers must be closeable, puncture resistant, labeled or color-coded, leakproof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or found. Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps container. Contaminated broken glass is also to be placed in disposable sharps containers.
3. Overfilling of sharps containers creates a hazard when needles protrude from openings. Nearly full containers must be promptly disposed of and replaced. The individual or position responsible for maintaining sharps containers must be identified.

e. Precautions in Handling Specimens

1. Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped. A description of the containers and their locations must be included in the plan.
2. Containers must be labeled/color-coded if they go out of the facility (labeling must also be used in-house) if all specimens are not handled using universal precautions. An explanation must be provided describing the labeling/color-coded procedures in use or alternatively that the labeling exemption is in effect.
3. If outside contamination of the primary container occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, storage, transport, or shipping. A description of the containers used for this purpose and an explanation of where they are located and accessed must be included in the plan.

f. Management of Contaminated Equipment

Equipment must be assessed for contamination, and be decontaminated, if possible, before servicing or shipping. Equipment which has not been fully decontaminated must have a label attached with information about which parts remain contaminated. The individual or position responsible for assessing and decontaminating equipment must be identified, as well as the decontaminating procedure to be followed.

g. Personal Protective Equipment

1. All personal protective equipment will be provided, repaired, cleaned, and disposed of by the County at no cost to employees.

2. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, and/or pocket masks shall be made available. A variety of sizes must also be kept in stock. Employees who have allergies to regular gloves may obtain hypoallergenic gloves.
3. Procedures requiring personal protective equipment and the type of protection to be used must be identified. In addition, procedures explaining how clothing will be provided, where it can be obtained, and who is responsible for distribution must be included in the plan.
4. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work area. The personal protective equipment shall be placed in assigned containers for storage, washing, decontamination or disposal. Employees must be informed where to put contaminated garments and other personal protective equipment upon leaving the work area.

h. Protection for Hands

Gloves shall be worn at all times in the following situations:

1. when it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin;
2. when performing vascular access procedures;
3. when handling or touching contaminated items or surfaces.



4. Disposable gloves must be replaced as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised. Single use gloves shall not be washed or decontaminated for re-use.
5. Utility gloves shall be decontaminated for re-use if the gloves are in good condition and discarded when gloves are cracked, peeling, torn, punctured or show signs of deterioration (whenever their ability to act as a barrier is compromised).

i. Protection for Eyes, Nose and Mouth

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin length face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

j. Housekeeping

The workplace will be maintained in a clean and sanitary condition. A written housekeeping procedure guide, which gives the appropriate methods and frequency of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed, must be followed. The location of the guide must be included in the plan, as well as a list of the germicides which will be used, such as bleach solution or EPA registered germicides.

k. Equipment and Environmental Working Surfaces

1. Contaminated work surfaces shall be cleaned immediately with appropriate disinfectant after completing the procedure, after any spill of blood or other potentially infectious materials (OPIM) and at the end of the work shift if the surface may have become contaminated since the last cleaning.
2. Protective coverings (e.g., plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces shall be removed and replaced as soon as

feasible when contaminated or at the end of the work shift if they may have been contaminated.

3. All reusable bins, pails, cans, and similar receptacles, which may become contaminated with blood or OPIM, shall be regularly inspected and decontaminated. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible. The frequency of the inspection/decontamination and the position or person responsible must be identified.

1. Special Sharps Precautions

1. Broken glass, which may be contaminated, shall be cleaned up using mechanical means such as a brush and dustpan, tongs or forceps. The employee shall not make contact directly with his/her hands.
2. Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury. The employee shall not reach by hand into a container which stores reusable contaminated sharps.

m. Regulated Waste

Regulated waste includes:

1. liquid or semi-liquid blood or other potentially infectious materials;
2. contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
4. contaminated sharps; and
5. pathological and microbiological wastes containing blood or other potentially infectious materials.

n. Waste Containers

1. Any of the substances above must be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
2. Containers will be red in color or designated by a biohazard label. Regulated waste that has been decontaminated need not be labeled or color-coded.
3. Containers must be closed prior to moving or removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container, which must have the same characteristics as the initial container as discussed above. The disposal method of the waste containers must be described in detail.

o. Laundry

1. Employees who handle contaminated laundry are to wear protective gloves and other appropriate personal protective equipment.
2. Contaminated laundry shall be handled as little as possible with a minimum of agitation. The employee shall not rinse/sort laundry in location of use. The employee shall place contaminated laundry in a container/bag where it was used. Wet contaminated laundry which may soak through or cause leakage from bag or container shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
3. Bags/containers must be identified by the color red or by biohazard label.

p. Communication of Hazards to Employees

1. Employees will be informed of hazards through a system of labeling or color-coding, as well as an annual training program.
2. Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious materials. Contaminated equipment shall also be labeled in this manner. Information about the portions of the equipment that remain contaminated shall be added to the label.
3. Labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol.
4. Red bags or red containers may be substituted for the warning label.
5. The labels/color-coding described here is not required in the following instances:
  - a. when containers of blood, blood components or blood products are labeled as to their contents and have been released for transfusion or other clinical use;
  - b. when individual containers of blood or other potentially infectious materials are placed in labeled containers during storage, transport, shipment or disposal; and
  - c. when regulated waste has been decontaminated.

## 5. Hepatitis B Vaccination

- a. All employees who have been identified as having occupational exposure to bloodborne pathogens will be offered the Hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.
- b. All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and the vaccination series will be performed according to the most current recommendations of the U.S. Public Health Service. A copy of the bloodborne pathogens standard will be provided to the healthcare professional responsible for the employee's Hepatitis B vaccination.
- c. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.
- d. The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose. At this time, a routine booster is not recommended but, if the U. S. Public Health Service at some future date recommends a booster, it will also be made available to exposed employees at no cost.
- f. The vaccination will be made available to the employees after they have attended training on bloodborne pathogens and within ten (10) working days of initial assignment to a job category with exposure. The vaccination series will not be made available to employees who have previously received the complete hepatitis B vaccination series; to any employee having immunity as demonstrated through antibody testing; or to any employee for whom the vaccine is medically contradicted.

- f. Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement.

6. Evaluation and Follow-Up of Exposure Incident

- a. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
- b. Employees who experience an exposure incident must immediately report their exposure to their supervisor. When an employee reports an exposure incident, he/she will be asked to complete a Fauquier County Post Exposure Report Form (sample attached) and immediately be offered a confidential medical evaluation and follow-up including the following elements:
  - 1. documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - 2. identification and documentation of the source individual unless identification is not feasible.
  - 3. If the infectivity status of the source individual is unknown, the individual's blood will be tested as soon as feasible after consent is obtained. The County's health care provider will contact the source individual and, after a thorough discussion, request their cooperation in submitting to a blood test by asking them to complete the Fauquier County Consent/Non-Consent to Collect and Test Blood Form (sample attached). If the source individual's blood is available, and law does not require the individual's consent, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the source individual's testing.
  - 4. The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV and HIV serological status. If the employee consents to baseline blood collection, but

does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least ninety (90) days. If, within ninety (90) days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible. The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U. S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illness.

5. The following information will be provided to the healthcare professional evaluating an employee after an exposure:
  - a. a copy of 1910.1030 bloodborne pathogens standard;
  - b. a description of the exposed employee's duties as they relate to the exposure incident;
  - c. the documentation of the route(s) of exposure and the circumstances under which the exposure occurs;
  - d. results of the source individual's blood testing, if available;
  - e. all medical records relevant to the appropriate treatment of the employee including vaccination status;
  - f. a copy of the evaluating healthcare professional's written opinion shall be provided to the employer within fifteen (15) days of the completion of the evaluation. The written opinion will be limited to the following information:
    1. the employee has been informed of the results of the evaluation;

2. the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment;
3. the employee has been advised to receive a Hepatitis B vaccination and whether this recommendation has been accepted or refused.
4. All other findings shall remain confidential and shall not be included in the written report.

7. Employee Training

- a. Employees will be trained regarding bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually, during work hours. Additional training will be provided whenever there are changes in tasks or procedures which affect employee occupational exposure. This training will be limited to the new exposure situation.
- b. The training approach will be tailored to the educational level, literacy and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer. The name of the person or position responsible for arranging and/or conducting training must be listed in the plan.
- c. The following content will be included:
  1. explanation of the bloodborne pathogens standard;
  2. general explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases;
  3. explanation of the exposure control plan and how it will be implemented;
  4. procedures which may expose employees to blood or other potentially infectious materials;



5. control methods that will be used at this facility to prevent or reduce the risk of exposure to blood or other potentially infectious materials;
6. types of personal protective equipment to be made available to employees and its location;
7. explanation for the basis for selection of personal protective equipment;
8. proper use and disposal of personal protective equipment;
9. information on the Hepatitis B vaccination program including the benefits and safety of vaccination;
10. information on procedures to use in an emergency involving blood or other potentially infectious materials;
11. what procedures to follow if an exposure incident occurs;
12. explanation of post-exposure evaluation and follow-up procedures;
13. an explanation of warning labels and/or color coding; and
14. an explanation of record keeping procedures and associated confidentiality requirement.

8. Record Keeping Procedures

a. Medical Records

1. A medical record will be established and maintained for each employee with exposure. The record shall be maintained for the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.20. The name or position responsible for maintaining medical records must be identified.
2. The record shall include the following:

- a. name and social security number of the employee;
  - b. a copy of the employee's Hepatitis B vaccination status with dates of Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations;
  - c. a copy of examination results, medical testing, and any follow-up procedures;
  - d. a copy of the healthcare professional's written opinion; and
  - e. a copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive Hepatitis B vaccination prophylactically and/or after an exposure incident.
3. The record shall be kept confidential. The contents shall not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation. Employee medical records required under 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with CFR 1910.20.
- b. Training Records
1. Training records shall be maintained for three (3) years from the date on which the training occurred.
  2. The following information shall be included:
    - a. dates of training sessions;
    - b. contents or a summary of the training sessions;

- c. name and qualifications of the trainer(s); and
  - d. name and job title of all persons attending.
- 3. Training records shall be provided upon request for examination and copying to employees, employee representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.
- 4. An employee may obtain a copy of this procedure within fifteen (15) days of his/her request by contacting the Human Resources Department. When there is an immediate need for the information in order to comply with procedure the employee should contact his/her supervisor as soon as possible.

**FAUQUIER COUNTY GOVERNMENT**

**POST EXPOSURE EVALUATION AND FOLLOW-UP  
HEPATITIS B VACCINE**

**DECLINATION**

I understand that I may be at risk for acquiring serious disease(s) due to my occupational exposure to blood or other potentially infectious materials. I have been given the opportunity for post exposure evaluation and follow-up, at no charge to myself. I decline these services at this time. I understand that by declining these services, I continue to be at risk of acquiring a serious disease(s). If, in the future, I have an occupational exposure to blood or other potentially infectious materials, and I want to receive post exposure evaluation and follow-up, I can receive these services at no charge to me.

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge. I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge.

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Employee's Signature

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Date

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Employee's Printed Name

**FAUQUIER COUNTY GOVERNMENT**

**POST EXPOSURE REPORT FORM**

(To Be Completed by Employee at the Time of Incident)

**Exposed Employee's Information:**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone (H) \_\_\_\_\_

(W) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Incident Information:**

Case No.: \_\_\_\_\_

Work Week (hrs.) \_\_\_\_\_

Location: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

**Exposure Description:**

Date of Exposure: \_\_\_\_\_

Time of Exposure: \_\_\_\_\_

1. What Body Fluid(s) Were You In Contact With?

Blood: \_\_\_\_

Feces: \_\_\_\_

Saliva: \_\_\_\_

Spit: \_\_\_\_

Sweat: \_\_\_\_

Tears: \_\_\_\_

Urine: \_\_\_\_

Vomit: \_\_\_\_

Other (Describe): \_\_\_\_\_

## 2. What was the Method of Contact?

\_\_\_\_\_ Needlestick with contaminated needle

\_\_\_\_\_ Blood or body fluids into natural body openings (nose, mouth, eyes)

\_\_\_\_\_ Blood or body fluids into cut, wound, sores, or rashes less than 24 hrs. old

\_\_\_\_\_ Other (describe specifically): \_\_\_\_\_

## 3. How did the exposure occur? (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 4. What action was taken in response to the contamination?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5. What personal protective equipment was being used at the time of exposure?

\_\_\_\_\_  
\_\_\_\_\_

## 6. Please describe any other information related to the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

1. Did you seek medical attention? No\_\_\_/ Yes\_\_\_ Date: \_\_\_\_\_

Where? \_\_\_\_\_

2. Did you contact your supervisor? No\_\_\_/Yes\_\_\_ Date/Time: \_\_\_\_\_

Name of supervisor: \_\_\_\_\_

**Source of Exposure:**

Name of Source Individual: \_\_\_\_\_

Sex: M\_\_\_\_/F\_\_\_\_

Source Individual's Phone No. (H): \_\_\_\_\_

(W) \_\_\_\_\_

Source Individual's Address:

\_\_\_\_\_  
\_\_\_\_\_

Receiving Health Care Facility: \_\_\_\_\_

Transported By: \_\_\_\_\_

Source Individual's Physician: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## FAUQUIER COUNTY GOVERNMENT

### CONSENT/NON-CONSENT TO COLLECT AND TEST BLOOD

I, \_\_\_\_\_, have been advised by \_\_\_\_\_, a Health Care Provider who has been designated by the Fauquier County Government, to have a blood test to detect the presence of antibodies to the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS), and to be tested for the hepatitis B virus (HBV) and the hepatitis C virus (HCV).

I understand that the blood tests for the Human Immunodeficiency Virus which is the probable cause of AIDS are not 100% accurate and that these blood tests sometimes produce false positive or false negative tests. I have been informed that a positive test will necessitate additional testing to confirm the results. I further understand that the presence of antibodies means that a person probably has been exposed to and infected with the AIDS virus, but does not necessarily mean that a person will develop AIDS.

I have been informed that Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus, can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

I have also been informed that Hepatitis C is a disease of the liver caused by the hepatitis C virus. Hepatitis C is serious for some persons, but not for others. Most persons who get hepatitis C carry the virus for the rest of their lives. Most of these persons have some liver damage but many do not feel sick from the disease. Some persons with liver damage due to hepatitis C may develop cirrhosis of the liver and liver failure which may take many years to develop. Others have no longer-term effects.

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Check appropriate space(s) below:

\_\_\_\_\_ A. I hereby authorize a licensed health care provider, designated by Fauquier County Government, to take a blood sample and perform all necessary medical tests on that sample to determine the presence, if any, of:

\_\_\_\_\_ Hepatitis B Virus (HBV)

\_\_\_\_\_ Hepatitis C Virus (HCV)

\_\_\_\_\_ Human Immunodeficiency Virus (HIV)

\_\_\_\_\_ B. I do not consent to the collection or testing of blood for purposes of determining the presence, if any, of the Hepatitis B virus (HBV), Hepatitis C virus (HCV) and/or Human Immunodeficiency Virus (HIV).



I further acknowledge that before making this election I received, and had an opportunity to review, information explaining the basic nature of the test(s) to be performed, the benefits and risks of testing, and confidentiality issues.

I understand that the results of any testing will be made available to the exposed employee as required by Federal and State laws, and that these documents are considered confidential by Fauquier County Government. I have been further advised that all costs associated with this testing will be borne by the Fauquier County Government.

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Employee's Signature

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Date